

NAME (LAST)	(FIRST)	(M.I.)
PALADINO J J		

EMPLOYEE NO.	SOCIAL SECURITY NO.
[REDACTED]	[REDACTED]

DATE OF BIRTH			DATE OF APPOINTMENT		
(DAY)	(MONTH)	(YEAR)	(DAY)	(MONTH)	(YEAR)
[REDACTED]	1946	22	JULY	1968	

DATE OF PHOTOGRAPH:
JANUARY 1974



NAME Paladino, John J.

EMPLOYEE NO.

HOME ADDRESS

HOME ADDRESS

PLACE OF BIRTH Chicago, Ill.

DATE

MO.

YEAR

46

HEIGHT 5'9"

WEIGHT 160

COLOR EYES

Brn

COLOR HAIR

Brn

PHYSICAL DISABILITIES

None

MARITAL STATUS

DIVORCED ☐ DATEWIDOWED ☐ DATE

EDUCATION

NAME

GRADE

SCHOOL

HIGH SCHOOL

COLLEGE

OTHER

GRADUATE

YES NO

GRADUATE

YES NO

GRADUATE

YES NO

A. C. V.

MAJOR DEGREE

YEAR

MILITARY SERVICE:

SEPARATIONS

DATE

TYPE

REINSTATEMENT DATE

DATE

TYPE

REINSTATEMENT DATE

NOTIFY IN EMERGENCY

NAME

ADDRESS

RELATIONSHIP

TELEPHONE NO.

NAME

ADDRESS

RELATIONSHIP

TELEPHONE NO.

DATE OF PROB'Y. APPT. 7-22-68

DATE OF TEMPORARY APPT.

DATE OF REGULAR APPT.

LAST NAME

FIRST NAME

MIDDLE NAME

STAR NO.

EMPLOYEE NO.

Paladino

John

Joseph

9938

EMERGENCY NOTIFICATION UPDATE
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT

JOB TITLE

DATE

INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.)

STAR/BADGE NO.

EMPLOYEE NO.

SOCIAL SECURITY NO.

PRIMARY EMERGENCY NOTIFICATION

NAME (LAST - FIRST - M.I.)

RELATIONSHIP TO MEMBER



PERSONNEL ACTION REQUEST
CHICAGO POLICE DEPARTMENT

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)
ALADINO, JOHN, J.

STAR / BADGE NO
20471

TODAY'S DATE
02 Jan. 2003

EMPLOYEE NO.

UNIT ASSIGNED
606/630

EFFECTIVE DATE
Jan. 2003

JOB TITLE
Detective

TYPE OF ACTION

CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)	INFORMATION REQUIRED (ENTER INFORMATION IN "REMARKS SECTION" BELOW)	SIGNATURES REQUIRED
USED WITHOUT PAY - DISCIPLINARY	GIVE EFFECTIVE DATE, CIRCUMSTANCES & C.R. NO.	UNIT C.O.
USED WITHOUT PAY - NON-DISCIPLINARY	GIVE EFFECTIVE DATE & CIRCUMSTANCES.	UNIT C.O.
SENCE WITHOUT PAY - AWOP	GIVE EFFECTIVE DATE & CIRCUMSTANCES. STATE WHETHER OR NOT MEMBER NOTIFIED SUPERVISOR	UNIT C.O.
MINUTION - JOB ABANDONMENT	GIVE EFFECTIVE DATE: F.G.P. - ACTION TAKEN AFTER 4 CONSECUTIVE WORKDAYS AWOP MISOME & UNIT II - ACTION TAKEN AFTER 5 CONSECUTIVE WORKDAYS AWOP	UNIT C.O., AREA CHIEF OR DIVISION C.O.
AVE, DISABILITY PENSION - SWORN ONLY	ATTACH MEDICAL REPORTS, COMPLETE REVERSE SIDE.	MEMBER, MEDICAL DIRECTOR
AVE, MILITARY (PAID ENCAMPMT - 14 DAYS MAX.)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER, COMPLETE REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
AVE, MILITARY - WITHOUT PAY	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS, COMPLETE REVERSE SIDE. IF OVER 29 DAYS, ALSO ATTACH PER-73 (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT)	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
IPAI ABSENCE (29 DAYS AND UNDER) - NO SUBSTANCE BENEFITS	GIVE REASON & RETURN DATE, COMPLETE AND SIGN REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
AVE, OTHER (30 DAYS AND OVER)	GIVE REASON & LENGTH OF LEAVE REQUESTED, COMPLETE REVERSE SIDE. ATTACH PER-73, (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT)	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT. B.A.S.
AVE, EXTENSION OF	GIVE DATES & REASON, COMPLETE REVERSE SIDE. ATTACH PER-73 (CITY REQUEST FOR LEAVE).	MEMBER
MARRIAGE LEAVE	GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME	MEMBER, UNIT C.O.
NAME CHANGE	GIVE NEW NAME. IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION / EXPLANATION	MEMBER, UNIT C.O.
RETIREMENT	GIVE EFFECTIVE DATE AT EMPLOYEE'S REQUEST (EXIT INTERVIEW REPORT). AS SOON AS RESIGNATION IS ACCEPTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIVISION AND THE PAYROLLS FINANCE DIVISION BY TELEPHONE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
RESIGNATION	GIVE EFFECTIVE DATE & REASON	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
PREPARATION TO ACCEPT OTHER CITY POSITION / TITLE	GIVE EFFECTIVE DATE, NEW JOB TITLE & NAME OF NEW CITY DEPARTMENT	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
DEATH IN FAMILY	GIVE DATES & RELATIONSHIP TO DECEASED	UNIT C.O.
TRANSFER REQUEST	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT.
RECOGNIZED OPENING BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
RECOGNIZED VACANCY BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER

PERSONNEL TRANSFER & ASSIGNMENT SECTION

UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO.	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO. <input type="checkbox"/> RECOGNIZED VACANCY LISTING ADMINISTRATIVE MESSAGE FACSIMILE NETWORK NO.		POSITION REQUESTED	
DATE SUBMITTED	TIME SUBMITTED	COMMANDING OFFICER / WATCH COMMANDER'S SIGNATURE			STAR NO.

REMARKS SECTION

Retirement to accept pension **C.O.B. 15 January 2003** Effective: 16 January 2003

Finance Div. Notified: **03 JANUARY 03 0905 hrs. CIV. BELL**

I.A.D. Notified: **03 JAN. 03 0910 hrs. DATA DIVISION PIENTA**

SIGNATURE		SIGNATURE	
<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL		<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL	
SIGNATURE		SIGNATURE	
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
COMMENTS			

NONE

I.A.D. CLEARANCE AS OF **1/14/03**

22 January 2003

PERSONNEL ORDER NO. 2003-016
"B" series Employment

Resignations for Department members have been processed as follows:

<u>Name</u>	<u>Empl.#</u>	<u>Rank/Job Title</u>	<u>Unit/Detail</u>	<u>Effective Date</u>
COGLEY, Michael B.		Sergeant	010	14 Jan 2003
LANE, James E.		Sergeant	050	16 Jan 2003
WHITMORE, Roy L.		Sergeant	377	15 Jan 2003
DROZD, Robert S.		Gang Specialist	189	20 Jan 2003
PALADINO, John J.		Detective	630/606	15 Jan 2003
FENNELL, John J.		Investigator	620	15 Jan 2003
MACFARLAN, David J.		Investigator	630	15 Jan 2003
DOWNING, Anthony		Police Officer	005/165	16 Jan 2003
TREZISE JR., Raymond H.		Police Officer	630	15 Jan 2003
BAKER, De Andre C.		Service Writer	173	15 Jan 2003
MACKEY, Linda		Traffic Control Aide	152	31 Jan 2003
TERRY, Charlene		Traffic Control Aide	152	31 Jan 2003

Terry G. Hillard
Superintendent of Police


Authenticated: 

DISTRIBUTION: E


PERSONNEL ORDER NO. 2003-016
"B" series Employment

Residency Affidavit

City of Chicago

Department POLICE Bureau DETECTIVE DIVISION
Name JOHN J. PALADINO
Position title DETECTIVE
Social security number 

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is 

(zip code) 60629

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

BY SIGNING THIS RESIDENCY AFFIDAVIT, I ACKNOWLEDGE AND REPRESENT THAT I HAVE FULLY READ AND UNDERSTAND BOTH THE FRONT AND REVERSE SIDES OF THIS RESIDENCY AFFIDAVIT, AND FURTHER CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED HEREIN IS TRUE AND CORRECT.

Signed 

Date 13 Dec 83

Complete and sign two copies.
First copy to department file.
Second copy to Department of Personnel.

(See reverse side.)



City of Chicago Employee Change of Address Form

Department POLICE Bureau AREA 1 VIOLENT CRIMES
Name PALADINO, JOHN, J.
Position title DETECTIVE
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60629
New Address [REDACTED] Zip Code 60608
Effective Date 21 Sep. 84
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

OFFICE
PERSONNEL DIV.
SEP 28 1984

Date

28 Sep 84

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

CITY OF CHICAGO
DEPARTMENT OF PERSONNEL
EMPLOYEE CHANGE OF ADDRESS

DEPARTMENT Police BUREAU Detective Division
NAME John J. Paladino
POSITION TITLE Detective
SOCIAL SECURITY NUMBER [REDACTED]

I understand and acknowledge that as a condition of employment with
the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] (Zip Code) 60643
New Address [REDACTED] (zip Code) 60629
Effective Date 1 Nov. 83
New Phone Number [REDACTED]

I understand that the falsification of this statement of address
shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address
immediately to my department head and to the Department of Personnel and
that failure to provide such notification shall constitute grounds for
discharge from the City Service.



Signed [REDACTED]

Date Nov. 83

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(See Reverse Side)

Per-72

CITY OF CHICAGO
DEPARTMENT OF PERSONNEL
EMPLOYEE CHANGE OF ADDRESS

DEPARTMENT Police BUREAU Detective Division/A/2 V/C
NAME Paladino, John, J.
POSITION TITLE Detective
SOCIAL SECURITY NUMBER [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] (Zip Code) 60655
New Address [REDACTED] (Zip Code) 60643
Effective Date 11 Dec. 81

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.



Signed [REDACTED]

Date 12-11-81

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(See Reverse Side)

Per-72

CITY OF CHICAGO

DEPARTMENT Chgo. Police BUREAU 006

NAME John J. Paladino

POSITION TITLE Patrolman

SOCIAL SECURITY NO. [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]

Chgo. Ill. (zip code) 60655

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

Signed [REDACTED]

Date 11 April 1976

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.




Persomnel Section.

19 JUN 68.

To. Commanding Officer Personnel Section.

From. Det. James J. Fahey, Personnel Section.

Subject. Investigation Of Police Candidate - Paladino, John Joseph.
[REDACTED] No Phone.



Cont.

Investigation Of Police Candidate - Paladino, John Joseph.
[REDACTED] No Phone.



Det. James J. Fahey.
#1915.



City of Chicago
Employee Change of Address Form

Department POLICE Bureau DETECTIVE DIVISION

Name JOHN J. PALADINO

Position title DETECTIVE

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60608

New Address [REDACTED] Zip Code 60616

Effective Date 13 Sep. 86

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [REDACTED]

Date 13 Sep 86


Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

City of Chicago
Employee Change of Address Form

Department POLICE Bureau Detective Division

Name John J. Paladino

Position title Detective

Social Security number 

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address  Zip Code 60616

New Address  Zip Code 60638

Effective Date 20 Feb. 88

New Phone Number 

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed 

Date 3 FEB. 88

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

Name of Person Making Designation of Beneficiary: John J. Paladino

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "Law Enforcement Officers, Civil Defense Workers, Civil Air Patrol Members, Paramedics, Firemen, Chaplains, and State Employees Compensation Act," 820 ILCS 315/1 et. seq., I hereby designate the following person or persons as beneficiary or beneficiaries, in the event that compensation benefits are payable if I am killed in the line of duty:

Complete name and address
of each beneficiary:

Relationship,
if any:

Percentage Shares:

--	--	--

Print name (first, middle, last) of person making designation of beneficiary:

JOHN J. PALADINO

Address:

[Redacted Address]

Date of Birth:

[Redacted Date of Birth]

Social Security Number:

[Redacted Social Security Number]

Place of Employment under the Act: CHICAGO POLICE DEPARTMENT

Address: 1121 S. STATE STREET, CHICAGO, ILLINOIS 60605

Signature of Witness:

Signature of person making designation of beneficiary:

[Redacted Signatures]

Address of Witness:

[Redacted Address of Witness]

CHICAGO, IL

Date:

3 DEC. 1998

*Effective January 1, 1996, the beneficiary compensation amount is \$100,000.00

PERSONNEL ACTION REQUEST
CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Use a separate form for each action.

NO.

MEMBER TO BE AFFECTED (LAST FIRST MI.)

Paladino, John, J.

STANDARD

9938

JOB TITLE

Detective

EFFECTIVE DATE

3 Nov. 86

DATE OF ACTION

7 Oct. 86

DEPARTMENT

322

EMPLOYMENT

CLASS & PAY

BONDS & INSURANCE

STRENGTH DECK

PAYROLL

KARDEX

JACKET FILE

MEDICAL

TYPE OF ACTION

INFORMATION REQUIRED

(SPECIFY IN "REMARKS SECTION" BELOW)

SIGNATURES
REQUIRED

CHECK TYPE OF ACTION HERE
(DO NOT CHECK MORE THAN ONE)

EXCUSED WITHOUT PAY-DISCIPLINARY

EXCUSED WITHOUT PAY-NON-DISCIPLINARY

LEAVE, DISABILITY PENSION (DUTY RELATED)

LEAVE, DISABILITY PENSION (NON-DUTY RELATED)

LEAVE, MILITARY (ANNUAL ENGAGEMENT)

LEAVE, MILITARY-WITHOUT PAY

LEAVE, OTHER (29 DAYS AND UNDER)

LEAVE, OTHER (30 DAYS AND OVER)

LEAVE, EXTENSION OF

MARRIAGE LEAVE

NAME CHANGE

PERSONNEL REQUEST, ADDITIONAL CIVILIAN

RESIGNATION TO ACCEPT PROMOTION

RESIGNATION

SECONDARY EMPLOYMENT

TRANSFER REQUEST

GIVE DATE ACTION IS EFFECTIVE, CIRCUMSTANCES AND C.R. NO.

GIVE DATE ACTION IS EFFECTIVE AND CIRCUMSTANCES

GIVE EFFECTIVE DATE, ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

GIVE EFFECTIVE DATE, ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)

GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)

GIVE DATES AND REASON (COMPLETE REVERSE SIDE)

GIVE DATES REQUESTED IN REMARKS SECTION

GIVE NEW NAME IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION

GIVE BUDGET AUTHORIZATION, JOB TITLE, NUMBER REQUESTED AND REASON

GIVE DATE, GIVE D.O.B.

GIVE DATE AND REASON

AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING
OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL
AFFAIRS DIV. & PAYROLL/FINANCE DIV. BY FAX PHONE

COMPLETE SECONDARY EMPLOYMENT SECTION BELOW, SIGN AGREEMENT ON REVERSE SIDE

GIVE UNIT OF ASSIGNMENT REQUESTED, REASON FROM AUDITOR, DATE OF APPOINTMENT, DATE ASSIGNED
TO CURRENT UNIT (FORWARD UNIT COPY TO PERSONNEL DIV. WITH MEMBER'S SIGNATURE ONLY)

UNIT C.O.

UNIT C.O.

MEMBER, UNIT C.O.

CHIEF POLICE SURGEON

MEMBER, UNIT C.O.

CHIEF POLICE SURGEON

MEMBER, UNIT C.O.

AREA CHIEF OF DIVISION C.O.

MEMBER, UNIT C.O.

AREA CHIEF OF DIVISION C.O.

MEMBER, UNIT C.O.

AREA CHIEF OF DIVISION C.O.

MEMBER, UNIT C.O.

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MEMBER, UNIT C.O.

AREA CHIEF OF DIVISION C.O.

MEMBER, UNIT C.O.

AREA CHIEF OF DIVISION C.O.

MEMBER, UNIT C.O.

AREA CHIEF OF DIVISION C.O.

NAME OF FIRM OR BUSINESS

ADDRESS

DISTRICT NO. OF FIRM/BUSINESS

TELEPHONE NO.

FIRM'S PRODUCT OR SERVICE

HOURS PER DAY

DAYS PER WEEK

TOTAL HOURS PER WEEK

EXPECTED LENGTH OF JOB

DUTIES (BE SPECIFIC; USE REMARKS SECTION FOR ADDITIONAL SPACE)

(LEAVE
BLANK)

EXPIRATION DATE (IF APPROVED)

REMARKS SECTION

SIGNATURE

RECOMMEND
APPROVAL

DISAPPROVAL

RECOMMEND
APPROVAL

DISAPPROVAL

FOR PERSONNEL DIVISION USE ONLY

APPROVED

DISAPPROVED

RECOMMEND
APPROVAL
RECOMMEND
DISAPPROVAL
COMMENTS

SIGNATURE

CLEARANCE AS OF:

PERSONNEL ACTION REQUEST
CHICAGO POLICE DEPARTMENT

MEMBER TO BE AFFECTED (LAST - FIRST - MI)

Paladino, John, J.

JOB TITLE

Detective

EFFECTIVE DATE

TODAY'S DATE

31 Oct.83

INSTRUCTIONS: Use a separate form for each action.

40

STATION

9938

EMPLOYMENT

CLASS & PAY

BONDS & INSURANCE

STRENGTH DECK

PAYROLL

BARREN

JACKET FILE

MEDICAL

TYPE OF ACTION

CHECK TYPE OF ACTION HERE
(DO NOT CHECK MORE THAN ONE)

INFORMATION REQUIRED
(SPECIFY IN "REMARKS SECTION" BELOW)

SIGNATURES
REQUIRED

EXCUSED WITHOUT PAY - DISCIPLINARY

GIVE DATE ACTION IS EFFECTIVE; CIRCUMSTANCES AND C.R. NO.

UNIT C.O.

EXCUSED WITHOUT PAY - NON-DISCIPLINARY

GIVE DATE ACTION IS EFFECTIVE AND CIRCUMSTANCES

UNIT C.O.

LEAVE, DISABILITY PENSION (DUTY RELATED)

GIVE EFFECTIVE DATE, ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
CHIEF POLICE SURGEON

LEAVE, DISABILITY PENSION (NON-DUTY RELATED)

GIVE EFFECTIVE DATE, ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
CHIEF POLICE SURGEON

LEAVE, MILITARY (ANNUAL ENCAMPMENT)

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, MILITARY WITHOUT PAY

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, OTHER (20 DAYS AND UNDER)

GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, OTHER (30 DAYS AND OVER)

GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.,
DEP. Supt. & A.S.

LEAVE, EXTENSION OF

GIVE DATES AND REASON (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

MARRIAGE LEAVE

GIVE DATES REQUESTED IN REMARKS SECTION

MEMBER, UNIT C.O.

NAME CHANGE

GIVE NEW NAME IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION

MEMBER, UNIT C.O.

PERSONNEL REQUEST, ADDITIONAL CIVILIAN

GIVE BUDGET AUTHORIZATION, JOB TITLE, NUMBER REQUESTED AND REASON

UNIT C.O., DIV. C.O., DEP. Supt.

RESIGNATION TO ACCEPT PENSION

GIVE DATE, GIVE D.O.B.

AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIV. & PAYROLL/FINANCE DIV. BY FAX PHONE

MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O.

RESIGNATION

GIVE DATE AND REASON

MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O.

SECONDARY EMPLOYMENT

COMPLETE SECONDARY EMPLOYMENT SECTION BELOW, SIGN AGREEMENT ON REVERSE SIDE

MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O.

TRANSFER REQUEST

GIVE UNIT OF ASSIGNMENT REQUESTED, REASON, HOME ADDRESS, DATE OF APPOINTMENT, DATE ASSIGNED TO CURRENT UNIT (FORWARD WHITE COPY TO PERSONNEL DIV. WITH MEMBER'S SIGNATURE ON IT)

MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O., DEP. Supt.

SECONDARY EMPLOYMENT (SIGN AGREEMENT ON REVERSE SIDE)

NAME OF FIRM OR BUSINESS

ADDRESS

DISTRICT NO. OF FIRM/BUSINESS

TELEPHONE NO.

FIRM'S PRODUCT OR SERVICE

HOURS PER DAY

DAYS PER WEEK

TOTAL HOURS PER WEEK

EXPECTED LENGTH OF JOB

DUTIES (BE SPECIFIC; USE REMARKS SECTION FOR ADDITIONAL SPACE)

LEAVE
BLANK

EXPIRATION DATE (IF APPROVED)

REMARKS SECTION

SIGNATURES

☐ RECOMMEND
APPROVAL
☐ DISAPPROVAL

SIGNATURE & TITLE

☐ RECOMMEND
APPROVAL
☐ DISAPPROVAL

SIGNATURE & TITLE

FOR PERSONNEL DIVISION USE ONLY

☐ RECOMMEND
APPROVAL
☐ RECOMMEND
DISAPPROVAL

SIGNATURE

☒ APPROVED
☐ DISAPPROVED


COMMENTS

I.A.D. CLEARANCE AS OF:

CHICAGO POLICE DEPARTMENT/training division

FINAL GRADE REPORT
Recruit Training

LAST NAME	First Name	M.I.	Star #	Group	Date Appointed
PALADINO	John	J.	9938	68-156	22 July 68
Homeroom Instructor			Star #	Rank	Date Graduated
Sgt. M. INVERGO			1606	Sgt.	25 October 68



NAME PALADINO
(Last)

JOHN
(First)

JOSEPH
(Middle)

Rank _____ No. in Class _____
Scholastic Average _____
FAILURES



(11.113)



ENVELOPE FOR STUDENT'S RECORD

CHICAGO PUBLIC SCHOOLS



DATE 10 March 68

SUMMARY OF
PROBATIONARY PATROLMAN'S EVALUATION

NAME PADDO, JOHN J. STAR 9938 GROUP 68-15A

T.A. 22 July 68 ASSIGNED TO 081 DATE 27 Oct 68

TRAINING ACADEMY

GRADUATED 25 Oct 68 EXAM AVERAGE [REDACTED]

FIELD TRAINING

<u>WEEK IN FIELD</u>	<u>GOOD</u>	<u>ACCEPTABLE</u>	<u>UNSATISFACTORY</u>
5th week	[REDACTED]		
8th week	[REDACTED]		
11th week	[REDACTED]		

MEDICAL HISTORY

DAYS LOST 1

REASON acc

INTERNAL INVESTIGATION DIV.

C.R.#

COMPLAINT:


DISCIPLINARY ACTION

RECOMMENDATION

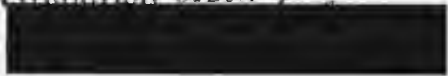
ACCEPTABLE TO BE REVIEWED BY DIRECTOR

COMMENT

COMMANDING OFFICER
RECRUIT PROCESSING SECTION



I certify that I have been informed of
and understand the provisions of BUMED
INSTRUCTION 6120.6 current series.



None

(Use additional sheets if necessary)



REPORT OF MEDICAL EXAMINATION

88-105
0109-700-7002

comment. Continue in item 73 and use additional sheets if necessary.

#39. None noted

(Continue in item 73)

NAME (LAST)	(FIRST)	(M.I.)	STAR NO.	EMPLOYEE NO.	SOCIAL SECURITY NO.	APPOINTMENT DATE	<input checked="" type="checkbox"/> POLICE <input type="checkbox"/> CIVILIAN
PALADINO John J.			9938			22 July 68	
			SEX	WEIGHT	COLOR HAIR	YEAR	
			MALE	160	Brown	56	
			HEIGHT	COLOR EYES			
			5'9"	B.R.			

PHYSICAL DISABILITIES

HELMET # 19260

EDUCATION

MILITARY SERVICE PREVIOUS OCCUPATIONS PROMOTIONS

FIREARMS

EFFICIENCY RATINGS

MAKE	SERIAL NO.	CAL.	BARREL LENGTH	YEAR	JAN-JUNE	JULY-DEC	YEAR	JAN-JUNE	JULY-DEC
Arct		357	4"	68					
Arct		357	4"	69					
Colt R39624		357	4"	70					
Stihl, combat master		38	2"	71					
				72					
				73					
				74					
				75					

REMOVED D.U.P. 10-1-03

PALADINO JOHN J
20471
RES 003 EMP
9165 UNIT 606 SSN
CRD 21AUG68 SEN 21AUG68

2003 SWORN SUPPLY. TIM
TENDANCE RECORD

FUR. SEG. 1		FUR. SEG. 2		BFD GRANTED		BFD CARRYOVER		TOTAL		P DAYS GRANTED		P DAYS CARRYOVER		TOTAL		ACCURSED FUL. VAC. TIME	
IOD	V	SU	DA	ML	ANLN	ML	P	OUT OF GRADE	F.L.S.A. ACTUAL TIME	P	DA	ML	ANLN	ML	P	OUT OF GRADE	F.L.S.A. ACTUAL TIME
CYCLE 1	12 DEC 23	24	25 DEC 26	27	28	29	30	31	1	2	3	4	5	6	7	8	9
ACTUAL OVERT.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
COMP. TIME																	
PAY HOURS																	
ACTUAL OVERT.																	
PAY HOURS																	
CYCLE 2	19 JAN 20	21	22	23-18	24	25	26	27	28	29	30	31	1	2	3	4	5
ACTUAL OVERT.																	
COMP. TIME																	
PAY HOURS																	
ACTUAL OVERT.																	
PAY HOURS																	
CYCLE 3	16 FEB 17	18	19	20-28	21	22	23	24	25	26	27	28	1	2	3	4	5
ACTUAL OVERT.																	
COMP. TIME																	
PAY HOURS																	
ACTUAL OVERT.																	
PAY HOURS																	
CYCLE 4	16 MAR 17	18	19	20-38	21	22	23	24	25	26	27	28	29	1	2	3	4
ACTUAL OVERT.																	
COMP. TIME																	
PAY HOURS																	
ACTUAL OVERT.																	
PAY HOURS																	

* Retires BDB. 15 Jan 03

02-258

PERSONNEL ACTION REPORT

40

INITIALS

EFF DATE 1-1-02

SOC SEC NO

EMP NAME

PALADINO, John J.

ACTION

Activity Change

DEPT

Police

TITLE FROM

TO

Police Officer/As Detective

ACT CODE	CHARGEABLE TO				BARG UNIT	TITLE CODE	BUDGETED PAYRATE	F P	CLASS GR	PAYROLL NUMBER	PAYRATE		STATUS
	FUND	DEPT	SECT-SUB								AMOUNT	ANNUAL AMT	
FROM	100	57	4090	91	9165								
TO	100	57	3240	91	9165	50,052		F	D-2	1180	5184.50	62,214	CS
ORG	1005		DIV	2030				F	D-2	1180	5184.50	62,214	CS

REMARKS

SHAK

EX

YES ☐ NO ☐

PREPARED BY Bailey 1-29-02

DATE 5-5670 EXT

BUREAU For the Superintendent

DEPT HEAD

NEW HIRE

ADDRESS

APPROVED

OCP

YES ☐ NO ☐

APPROVED

B C

YES ☐ NO ☐

APPROVED

YES ☐ NO ☐

ZIP

PERS
ONLY

STATE OF ILLINOIS

County of Cook

CITY OF CHICAGO

STAR

993D

I,

John J. PALADINO

(PRINT)

having been appointed to the

office of

PATROLMAN

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

Subscribed and sworn to before me, this

22

day of

July

19 01

ADDRESS

(PRINT)

NOTARY PUBLIC

My Commission Expires March 29, 1970

POLICE TRAINING & SPECIAL QUALIFICATIONS (SPECIAL LANGUAGE SKILLS)
RANIS 101- 23&24 Jun 90
T.W. RANIS 101-23&24 Jun 90
T.W. RANIS 101-23&24 Jun 90

AWARDS, COMMENDATIONS & CITATIONS			
DATE	ORIGIN & NATURE	DATE	ORIGIN & NATURE
1981	5 Honorable Mentions	13 Apr 90	H.M. RD# N-165116
24 Sept 82	P.O. 82-369 Meritorious Performance	1990, 91	H.M. RD# N-165116
1982	2 Honorable Mentions		
28 Apr 88	H.M. RD# K-167024		
14 Jan 89	H.M. RD# M-021900		
22 Dec 89	H.M. RD# M-587566		
25 Mar 90	H.M. RD# N-107907		

CPD-11600 (Rev. 3/85)

PERSONNEL CARD/CHICAGO POLICE

ACTION INVOLVED

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る

<input type="checkbox"/>	NEW HIRE	NAME	FALAGNO, John Joseph		STAR NO.	
<input type="checkbox"/>	TRANSFER INTO DEPT.	DATE APPOINTED		PLACE OF BIRTH	OVER NO.	
<input type="checkbox"/>	REINSTATEMENT:	DATE		MAIDEN NAME		
<input type="checkbox"/>	CIVIL SERVICE					
<input type="checkbox"/>	MILITARY FURLOUGH					
<input type="checkbox"/>	LEAVE OF ABSENCE					
<input type="checkbox"/>	DISABILITY PENSION					
<input type="checkbox"/>	TITLE CHANGE					
<input type="checkbox"/>	PROMOTION	BUDGET LINE	PAGE	ACTIVITY	LINE	SOCIAL SECURITY NUMBER
<input type="checkbox"/>	DEMOTION					
<input type="checkbox"/>	SEPARATION T/A					
<input type="checkbox"/>	TITLE CHANGE ONLY					
<input checked="" type="checkbox"/>	PROB. PLM. N3					

NAME CHECK RECORDS INQUIRY SECTION - ROOM 209

CHICAGO POLICE DEPARTMENT

Arrest — name check only

NO RECORD

RECORD ATTACHED.

DATE _____ CHECKED BY 302

SECURITY CLEARANCE - ROOM 505

NEGATIVE

RECORD
INDICATED
BY
APPLICANT

IDENTIFICATION OF THE POLYMERIZATION OF

一、二、三、四、五、六、七、八、九、十、十一、十二、十三、十四、十五、十六、十七、十八、十九、二十、二十一、二十二、二十三、二十四、二十五、二十六、二十七、二十八、二十九、三十、三十一、三十二、三十三、三十四、三十五、三十六、三十七、三十八、三十九、四十、四十一、四十二、四十三、四十四、四十五、四十六、四十七、四十八、四十九、五十、五十一、五十二、五十三、五十四、五十五、五十六、五十七、五十八、五十九、六十、六十一、六十二、六十三、六十四、六十五、六十六、六十七、六十八、六十九、七十、七十一、七十二、七十三、七十四、七十五、七十六、七十七、七十八、七十九、八十、八十一、八十二、八十三、八十四、八十五、八十六、八十七、八十八、八十九、九十、九十一、九十二、九十三、九十四、九十五、九十六、九十七、九十八、九十九、一百。

FINGERPRINTED JUL

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

RECORD IDENT. INDICATE

PELICANT

CONFIDENTIAL, P. 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856,

**PERSONNEL ACTION REQUEST
CHICAGO POLICE DEPARTMENT**

TODAY'S DATE
02 Jan. 2003

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)
PALADINO, JOHN, J.

STAR / BADGE NO
20471

EMPLOYEE NO
[REDACTED] UNIT ASSIGNED
606/630

EFFECTIVE DATE
18 Jan. 2003 *C.O.B.* JOB TITLE
Detective

SOCIAL SECURITY NO
[REDACTED]

CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)	TYPE OF ACTION INFORMATION REQUIRED (ENTER INFORMATION IN "REMARKS SECTION" BELOW)	SIGNATURES REQUIRED
EXCUSED WITHOUT PAY - DISCIPLINARY	GIVE EFFECTIVE DATE, CIRCUMSTANCES & C.R. NO	UNIT C.O.
EXCUSED WITHOUT PAY - NON-DISCIPLINARY	GIVE EFFECTIVE DATE & CIRCUMSTANCES	UNIT C.O.
ABSENCE WITHOUT PAY - AWOP	GIVE EFFECTIVE DATE & CIRCUMSTANCES. STATE WHETHER OR NOT MEMBER NOTIFIED SUPERVISOR	UNIT C.O.
TERMINATION - JOB ABANDONMENT	GIVE EFFECTIVE DATE: F.O.P. - ACTION TAKEN AFTER 4 CONSECUTIVE WORKDAYS AWOP AFSCME & UNIT II - ACTION TAKEN AFTER 5 CONSECUTIVE WORKDAYS AWOP	UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, DISABILITY PENSION - SWORN ONLY	ATTACH MEDICAL REPORTS, COMPLETE REVERSE SIDE.	MEMBER, MEDICAL DIRECTOR
LEAVE, MILITARY (PAID ENCAMPMT.-14 DAYS MAX.)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER, COMPLETE REVERSE SIDE	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, MILITARY - WITHOUT PAY	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS, COMPLETE REVERSE SIDE, IF OVER 29 DAYS, ALSO ATTACH PER-73 (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT).	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
UNPAID ABSENCE (29 DAYS AND UNDER) - NO INSURANCE BENEFITS	GIVE REASON & RETURN DATE, COMPLETE AND SIGN REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, OTHER (30 DAYS AND OVER)	GIVE REASON & LENGTH OF LEAVE REQUESTED, COMPLETE REVERSE SIDE, ATTACH PER-73, (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT)	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. Supt. O.A.S.
LEAVE, EXTENSION OF	GIVE DATES & REASON, COMPLETE REVERSE SIDE ATTACH PER-73 (CITY REQUEST FOR LEAVE).	MEMBER
MARRIAGE LEAVE	GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME	MEMBER, UNIT C.O.
NAME CHANGE	GIVE NEW NAME, IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION / EXPLANATION	MEMBER, UNIT C.O.
RETIREMENT	GIVE EFFECTIVE DATE AT PER-73 (EXIT INTERVIEW REPORT) AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIVISION AND THE PAYROLL / FINANCE DIVISION BY FAX/TELEPHONE	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
RESIGNATION	GIVE EFFECTIVE DATE & REASON	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
SEPARATION TO ACCEPT OTHER CITY POSITION / TITLE	GIVE EFFECTIVE DATE, NEW JOB TITLE & NAME OF NEW CITY DEPARTMENT	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
DEATH IN FAMILY	GIVE DATES & RELATIONSHIP TO DECEASED	UNIT C.O.
TRANSFER REQUEST	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. Supt.
RECOGNIZED OPENING BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
RECOGNIZED VACANCY BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER

PERSONNEL TRANSFER & ASSIGNMENT SECTION

UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO.	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO. <input type="checkbox"/> RECOGNIZED VACANCY LISTING ADMINISTRATIVE MESSAGE FACSIMILE NETWORK NO.		POSITION REQUESTED	
DATE SUBMITTED	TIME SUBMITTED	COMMANDING OFFICER / WATCH COMMANDER'S SIGNATURE			STAR NO

REMARKS SECTION

Retirement to accept pension *C.O.B. 15 January 2003* Effective: 16 January 2003

Finance Div. Notified: *03 JANUARY 03 0905 hrs. CIV. BELL*

I.A.D. Notified: *03 JAN. 03 0910 hrs. P.O. PIENTA*

SIGNATURE	SIGNATURE	RECOMMEND APPROVAL	SIGNATURE
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> APPROVAL	[REDACTED]
[REDACTED]	[REDACTED]	<input type="checkbox"/> DISAPPROVAL	[REDACTED]
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> APPROVAL	[REDACTED]
[REDACTED]	[REDACTED]	<input type="checkbox"/> DISAPPROVAL	[REDACTED]
SIGNATURE		SIGNATURE	
<input type="checkbox"/> RECOMMEND APPROVAL		<input type="checkbox"/> APPROVED	
<input type="checkbox"/> DISAPPROVAL		<input type="checkbox"/> DISAPPROVED	

COMMENTS

Please entry 091-10-03

I.A.D. CLEARANCE
AS OF

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

3. SOCIAL SECURITY NUMBER



STATE OF ILLINOIS)
COUNTY OF COOK)

DISTRICT NO 193

I, Dorothy Brown, Clerk of the Circuit Court of Cook County, Illinois by virtue of the power and authority vested in me by the laws of the State of Illinois, hereby appoint JOHN J. PLEADINO a Deputy Clerk of said Court and during the time he/she shall be such Deputy, I hereby authorize and empower him/her only to administer oaths in my name to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, and accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed.

Given under my hand Dec 8, 2000

Dorothy Brown
Clerk of the Circuit Court of Cook County, Illinois

By [REDACTED] Deputy Clerk

The undersigned, having duly qualified as a Deputy Clerk of the Circuit Court of Cook County, Illinois, does hereby accept the appointment as a Deputy Clerk for the sole and only purpose of administering oaths to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed. The undersigned waives and will not claim additional compensation for serving in said limited capacity as a Deputy Clerk.

[REDACTED]
Officer's Signature

Chicago Police Dept.
By Whom Employed

STATE OF ILLINOIS)
COUNTY OF COOK)

I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Illinois and that I will faithfully discharge the duties of the Office of a Deputy Clerk of the Circuit Court of Cook County, Illinois to the best of my ability.

[REDACTED]
Officer's Signature

JOHN J. PLEADINO Det. 20471
(Please Print) Officer's Name Rank Star No.

SIGNED AND SWORN to before me

Dec 8, 2000

Dorothy Brown
Clerk of the Circuit Court of Cook County

By [REDACTED] Deputy Clerk

CANDIDATE INTERVIEW RATING
ORGANIZED CRIME DIVISION/CHICAGO ICE

DATE OF INTERVIEW - TIME
10 August 1991 1000

CANDIDATE (RANK - NAME)

STAR NO.

DET. PALADINO, John J.

9938

POSITION SOUGHT

UNIT/SQUAD

Investigator

193/ Intelligence Section

LOCATION OF INTERVIEW



RATED BY - PRINT RANK, NAME

STAR NO.

SIG

Lt. John G. Gurnea

359



EXEMPT COMMANDING OFFICER'S REVIEW/NOTATIONS (ADD INITIALS & DATES AS APPROPRIATE)



Four horizontal lines for handwritten notes, currently blank.



APPLICATION/ORGANIZED CRIME DIVISION
BUREAU OF INVESTIGATIVE SERVICES

☐ ADMINISTRATIVE GROUP ☒ INTELLIGENCE SECTION
☐ NARCOTICS SECTION ☐ VICE CONTROL SECTION

MUST BE TYPED OR PRINTED
ANSWER ALL QUESTIONS ON FRONT
AND REVERSE OF APPLICATION

DATE OF APPLICATION

6 Aug. 91

NAME (LAST - FIRST - M.I.)

PALADINO, John, J.

RANK

Det.

STAR NO.

9938

EMPLOYEE NO.

HOME ADDRESS

ZIP CODE

60638

HOME TELEPHONE NO.

DATE OF BIRTH

46

SEX/RACE

M/W

SOCIAL SECURITY NO.

APPOINTMENT DATE

22 Jul. 68

PROMOTION DATE(S)

To Det. Sep. 77

PRESENT UNIT/ASSIGNMENT

A/3/ Violent Crimes

PAX

9-311

BELL

747-8280

STATE OF ILLINOIS)
COUNTY OF COOK) S

DISTRICT NO. 193

I, Aurelia Pucinski, Clerk of the Circuit Court of Cook County, Illinois by virtue of the power and authority vested in me by the laws of the State of Illinois, hereby appoint JOHN PALADINO

 Deputy Clerk of said Court and during the time he/she shall be such Deputy, I hereby authorize and empower him/her only to administer oaths in my name to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, and accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed.

Given under my hand 9 Dec, 1996

Aurelia Pucinski
Clerk of the Circuit Court of Cook County, Illinois

By John Paladino Deputy Clerk

The undersigned, having duly qualified as a Deputy Clerk of the Circuit Court of Cook County, Illinois, does hereby accept the appointment as a Deputy Clerk for the sole and only purpose of administering oaths to persons who sign complaints for violation of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed. The undersigned waives and will not claim additional compensation for serving in said limited capacity as a Deputy Clerk.

[Redacted Signature]
Officer's Signature

Chicago Police Dept
(By Whom Employed)

STATE OF ILLINOIS)
COUNTY OF COOK) SS

I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Illinois and that I will faithfully discharge the duties of the Office of a Deputy Clerk of the Circuit Court of Cook County, Illinois to the best of my ability.

[Redacted Signature]
Officer's Signature

JOHN PALADINO

Officer's Name (Please Print)

Detective

Officer's Rank

20471
Star No.

SIGNED AND SWORN to before me

9 Dec, 1996
[Redacted Signature]
Clerk of the Circuit Court of Cook County, Illinois

By [Redacted Signature] Deputy Clerk

6/28/02 11:00

PALADINO JOHN J
20471
RES 008 EMP
9165 UNIT 193 SSN
CSD 21AUG68 SEN 21AUG68

TIME &
ANCE RECORD

CYCLE	OVERT	COMP. TIME	PAY HOURS	ACTUAL OVERT	T _u	P _u	P DAYS GRANTED				P DAYS CARRYOVER	TOTAL	OUT OF GRADE	F.L.S.A. ACTUAL TIME	PAID OVERTIME	F.L.S.A. COMP. TIME HOURS	OTHER	BALANCE FORWARD	BALANCE FORWARD
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CSD 21AUG68 SEN 21AUG68

2016 INQUIRY TIME & NAME	ATTENDANCE RECORD
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11/4/2016	11/4/2016
11/5/2016	11/5/2016
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11/7/2016	11/7/2016
11/8/2016	11/8/2016
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Mr. Tolson

SOCIAL SECURITY NO.

SEIZURE NOTICE

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VAC - 1000

[illegible]

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Verdun

PALADINO JOHN J

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RES 008 EFP

9165 UNIT 193 SSN

CSD 21AUG68 SEN 21AUG68

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PALADINO JOHN J

20471

RES 008 EMP

9165 UNIT 193 SSN

CSD 21AUG68 SEN 21AUG68

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DATE 10/10/68
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ACTUAL OVERT 0
COMP. TIME 3
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BFD

GUT OF GRADE

ACTUAL HRS

FLSA

9 DAYS

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COMP. TIME HOURS

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OTHER

BALANCE

103.3

1 TOTAL

236.74

2 FLSA

EARNED

3 USED

5 USED

1 TOTAL

EARNED

2 FLSA

EARNED

3 USED

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CSD 21AUG68 SEN 21AUG68

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20471
RES 008 EMP
9165 UNIT 193 SSN
CSD 21AUG68 SEN 21AUG68 DEC 5/69

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PALADINO JOHN J

20471

RES-008 EMP

9165 59th Ave 1935

CSO Z1 AUG 68 5 21 AUG 68

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RES-008 EMP		9165 UNIT 193 SSN		CSO 21AUG68 SEN 21AUG68		026514		B-0 CRANTO		RIB CARRYOVER		TOTAL		PDA		G-11P		FDR-055		D-000		TOTAL		PDA		G-11P		FDR-055		D-000		TOTAL	
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